

Revision: HCFA-PM-91-04 (BPD)
August 1991

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Supplement 1 to Attachment
4.19-B

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Montana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payments methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on page 3 or 4 in item "NR" of this attachment (see 3 below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 or 4 in item "NR" of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 or 4 in item "NR" of this attachment (see 3 above).

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QMBs *	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Other Medicaid Recipients *	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance
Dual Eligible (QMB Plus) *	Part A <u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B <u>SP</u> Deductibles	<u>SP</u> Coinsurance

*Specific payment rate methodologies are found on page 3 and 4 of this supplement.

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OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

MR (Medicare Rate) Payments for the following services are up to the full amount of the Medicare rate. Deductibles and coinsurance are paid in full.

SP (State Plan) Payments for the following services are reimbursed up to the state plan rate. Deductibles, coinsurance payments are not to exceed state plan rates. Generally all HCFA 1500 claims are subject to this pricing method.

NR For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on page 3 or 4 in item "NR" of this attachment.

<u>Service</u>	<u>OMB</u>	<u>Other Medicaid Recipients</u>	<u>Dual Eligible (OMB Plus)</u>
Outpatient Hospital	MR	MR	MR
Inpatient Hospital with Part A Medicare Coverage	MR	MR	MR
Skilled Nursing Facility	MR	SP	SP
Freestanding Dialysis Center	MR	MR	MR
Rural Health Clinic	MR	MR	MR
Laboratory and x-ray	SP	SP	SP
EPSDT Services Not Otherwise Specified	SP	SP	SP
Family Planning	SP	SP	SP
Physician	SP	SP	SP
Podiatrist	SP	SP	SP
Other Practitioner	SP	SP	SP
Home Health	SP	SP	SP
Private Duty Nursing	SP	SP	SP

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<u>Service</u>	<u>OMB</u>	<u>Other Medicaid Recipients</u>	<u>Dual Eligible (OMB Plus)</u>
Clinic	SP	SP	SP
Dental	SP	SP	SP
Physical Therapy	SP	SP	SP
Occupational Therapy	SP	SP	SP
Speech Therapy	SP	SP	SP
Audiology	SP	SP	SP
Prescribed Drugs	SP	SP	SP
Prosthetic Devices	SP	SP	SP
Classes	SP	SP	SP
Other diagnostic, screening, preventive & rehabilitative services	SP	SP	SP
Institution for Mental Disease - Age 65 or older	MR	SP	SP
Inpatient Psychiatric facility services for individuals under 21 years of age	MR	MR	MR
Nurse Midwife	SP	SP	SP
Transportation	SP	SP	SP
Certified Pediatric or Family Nurse Practitioner	SP	SP	SP
Inpatient Hospital Ancillary Services with Part B Medicare Coverage only (no Part A). Medicare payments for these services are treated as third party payments and are offset against the Medicaid payment.		NR	NR
Inpatient Hospital Ancillary Services with Part B Medicare Coverage only (No Part A). Medicare deductible and co-insurance are paid in full at Medicare rates.	MR		
Nursing Facility	MR	SP	SP
Federally Qualified Health Center (FQHC). Medicare payments for these services are treated as third party payment and are offset against the Medicaid payment.	NR	NR	NR

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